# NOV 0 9 2004 Complete a

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-145

	or Fax (703) 746-4000							
1	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
•	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  08791 7590 09/13/2004				Fee(s) Transmittal. The papers. Each addition	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		OLOFF TAYLOR & BOULEVARD R	ZAFMAN	-		rtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the c	'ronemicsion	
11/10/2004	4 DEMMANU2 00000048 1	10039685			Harleen Ba		(Depositor's name)	
01 FC:250	1	685.00 OP			The dino		(Signature)	
02 FC:1504 03 FC:8001	4	11/04/2004			(Date)			
	APPLICATION NO.	FILING DATE	I	FIRST NAMEL	O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/039,685	10/29/2001		Larry Law	son Jones	0S-13/2286P	9502	
	TITLE OF INVENTION: F	LASHTOASTER FOR REA	DING SEVERAL	TYPES OF F	LASH MEMORY CARDS W	ITH OR WITHOUT A PC		
Į	APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$665		\$300	<b>\$</b> 965	12/13/2004	
	EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
	MYERS, PAUL R		2112		710-301000			
	CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica	the address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
	3. ASSIGNEE NAME ANI	O RESIDENCE DATA TO E	BE PRINTED ON T	THE PATEN	Γ (print or type)			
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Onspec Electronic Inc. Santa Clara, California							
	Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💂 Corporation or other private group entity 🚨 Government							
	4a. The following fee(s) are enclosed: 4b. Payment of Fee				` '		<u></u>	
	Issue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
	Advance Order - # of Copies 10 The				ector is hereby authorized by	charge the required fee(s), o	r credit any overpayment, to	
	Deposit Account Number 02-2666 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)							
	b. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
	The Director of the USPTO is requested to apply the sque fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication fee (if required with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party is interest as shown by the records of the United States Platers and Trademark Office.							
	Authorized Signature	1/1//	W,		Date	11/4/84		
	Typed or printed name	John P. Ward			Registratio	on No. 40,216		
		<del></del>						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

6	IP.E	
NON	0 9 2	2004
TO THE	anewi	ÉS TOTAL
		Complet

# **FEE TRANSMITTAL FOR FY 2005**

الأثم ا		(FY 2005 Begins 10/01/2004)					
المحفظة ا		TOTAL AMOUNT OF PAYMENT (\$)	1,015.00				
Complete if Known:		(*)		ļ			
Application No.	10/039						
Filing Date		r 29, 2001					
First Named Invento							
Examiner Name		raul K.					
Art Unit Attorney Docket No.	2112 006284	P013					
Attorney Docket No.	000284		<u>.</u> .				
X Applicant	X Applicant claims small entity status. See 37 CFR 1.27.						
METHOD OF PAY	MENT (che	eck all that apply)					
_X Check _	Cred	lit Card Money Order	Other None	e			
X Deposit Acc	count	,					
		t Number :02-2666					
	sit Accoun						
		ized to do the following with respect to	the above-identified Depos	sit Account:			
		ndicated below.					
		rpayments.					
		ditional fees during the pendency of this					
		or future reply that requires a petition for exte an appropriate petition for extension of time					
		ndicated below except for the filing fee.		o chargeu.			
FEE CALCULATIO							
LE CALCULATIO	11						
1. BASIC FILING F	EF	-					
DASIO FILING I	<u></u>						
Large Entity Sm	all Entity						
Fee Fee Fee	e Fee						
Code (\$) Cod		Fee Description	Fee	Paid			
1001 790 200		Utility application filing fee					
1002 350 200 1003 550 200		Design application filing fee Plant filing fee	-				
1003 550 200		Reissue filing fee					
1005 160 200	5 80	Provisional application filing fee					
1005 160 200	5 80						
1005 160 200	95 80		SUBTOTAL (1) \$ 0				
		Provisional application filing fee	SUBTOTAL (1) \$ 0				
		Provisional application filing fee	Fee from	Paid			
		Provisional application filing fee	Fee from	Paid			
		Provisional application filing fee	Fee from	Paid			
2. EXTRA CLAIM I	FEES FOF	Provisional application filing fee  R UTILITY AND REISSUE  Extra Claims	Fee from below Fee	Paid			
2. EXTRA CLAIM I Total Claims Independent Clain Multiple Depender	FEES FOF	Provisional application filing fee  R UTILITY AND REISSUE  Extra Claims  - 20** =	Fee from below Fee  X =	Paid			
2. EXTRA CLAIM I  Total Claims Independent Clain Multiple Depender **Or number previ	FEES FOR	Provisional application filing fee  R UTILITY AND REISSUE  Extra Claims  - 20** =	Fee from below Fee  X =	Paid			
2. EXTRA CLAIM I  Total Claims Independent Clain Multiple Depender **Or number previ	FEES FOR	Provisional application filing fee  R UTILITY AND REISSUE  Extra Claims  - 20** =	Fee from below Fee  X =	Paid			
2. EXTRA CLAIM I  Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee	FEES FOR	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below	Fee from below Fee  X =	Paid			
2. EXTRA CLAIM I  Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Code	ns nt ously paid all Entity e Fee de (\$)	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description	Fee from below Fee  X =	Paid			
2. EXTRA CLAIM I  Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220	ns nt ously paid all Entity e Fee de (\$)	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20	Fee from below Fee  X =	Paid			
Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220 1201 88 220	ns nt ously paid all Entity e Fee de (\$) 12 9	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20 Independent claims in excess of 3	Fee from below Fee  X =	Paid			
Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220 1201 88 220 1203 300 220	ns nt ously paid all Entity e Fee de (\$) 12 9 11 44 13 150	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid	Fee from below Fee X = = v.	Paid			
Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220 1201 88 220 1203 300 220 1204 88 220	ns nt ously paid all Entity Fee de (\$) 02 9 01 44 03 150 04 44	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid **Reissue independent claims over or	Fee from below Fee  X	Paid			
Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220 1201 88 220 1203 300 220 1204 88 220	ns nt ously paid all Entity Fee de (\$) 02 9 01 44 03 150 04 44	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid	Fee from below Fee  X	Paid			
Total Claims Independent Clain Multiple Depender **Or number previ Large Entity Sm Fee Fee Fee Code (\$) Cod 1202 18 220 1201 88 220 1203 300 220 1204 88 220	ns nt ously paid all Entity Fee de (\$) 02 9 01 44 03 150 04 44	Provisional application filing fee  RUTILITY AND REISSUE  Extra Claims  - 20** =  - 3** =  d, if greater; For Reissues, see below  Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid **Reissue independent claims over or	Fee from below Fee  X				

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

	Large Entity Small Entity					
Fee	Fee	Fee	Fee			
Code	(\$)	Code	(\$)	Fee Description	Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1813	8,800	1813	8,800	Request for inter parties reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	430	2252	215	Extension for reply within second month		
1253	980	2253	490	Extension for reply within third month		
1254	1,530	2254	765	Extension for reply within fourth month		
1255	2,080	2255	1,040	Extension for reply within fifth month		
1401	340	2401	170	Notice of Appeal		
1402	340	2402	170	Filing a brief in support of an appeal		
1403	300	2403	150	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive – unavoidable		
1453	1,370	2453	685	Petition to revive - unintentional		
1501	1,370	2501	685	Utility issue fee (or reissue)	685.00	
1502	490	2502	245	Design issue fee	000.00	
1502	660	2503	330	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per		
0021	40	0021	40			
1809	790	2809	395	property (times number of properties)		
1009	790	2009	393	For filing a submission after final rejection		
1814	440	2044	E E	(see 37 CFR 1.129(a))		
-	110	2814	55	Statutory Disclaimer		
1810	790	2810	395	For each additional invention to be examined		
4004	700	2004	205	(see 37 CFR 1.129(b))		
1801	790	2801	395	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design		
4504	200	4504	200	application		
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.		
1505	300	1505	300	Publication fee for republication		
1803	130	1803	130	Request for voluntary publication or republication		
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals		
1454	1,370	1454	1,370	Acceptance of unintentionally delayed claim for priority	′	
Other	fee (specify)	Public	ation Fee		300.00	
	iee (specily	<u>Fubile</u>	adon Fee		300.00	
Other t	fee (specify)	10 Sof	t Copies @	\$3.00 each	30.00	
l				/ SUBTOTAL (3) \$ <u>1</u>	<u>,015.00</u>	
<u></u>	ed by Basic F		Paid			
SUBMITTED BY:						
Typed or Printed Name: John P. Ward						
Signature: Date: Date:						
Reg. N	Number:	40,216	V	Telephone Number: 408-720-830	0	